

State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22. REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed Date Filed: 03/11/2005 **Business ID: 375681** William M. Gardner Secretary of State

ADDRESS OF PRINCIPAL OFFICE:

SPORTOGRAPHY, INC.

	ENTITY TYPE: BUSINESS ID: STATE OF DOMICILE: FEDERAL ID: CONNECTICUT FEDERAL ID: O61477652 RETAIL SALE OF PHOTOGRAPHY SVCS AND RELATED PRODUCT If changing the mailing or principal office address, please cl The new mailing address The new principal office address	BROOKFIELD, CT 06804 REGISTERED AGENT AND OFFICE: C T CORPORATION SYSTEM 9 CAPITOL ST CONCORD, NH 03301 heck the appropriate box and fill in the necessary information.
	PO Box is	acceptable.
	OFFICERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE OFFICER BELOW) PRES. Gregory Eisen	BOARD OF DIRECTORS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE DIRECTOR BELOW) NAME
3	PRES. Gregory Eisen STREET 72 Grays Bridge Road	STREET
	CITY/STATE/ZIP Brookfield Ct 06804	CITY/STATE/ZIP
	SEC'Y. Eric Eisen	NAME
	STREET 72 Grays Bridge Road	STREET
	CITY/STATE/ZIP Brookfield Ct 06804	CITY/STATE/ZIP
	NAME	NAME
	STREET	STREET
	CITY/STATE/ZIP	CITY/STATE/ZIP
	NAME	NAME
	STREET	STREET
	CITY/STATE/ZIP	CITY/STATE/ZIP
	NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED	
To be signed by an officer, director, or any other person authorized by the board of directors. I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief. Sign here: ERIC EISEN		
	Please print name and title of signer: ERIC EISEN	/ SECRETARY
	NAME	TITLE
	FEE DUE: \$100.00 E-MAIL ADDRESS	(OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: